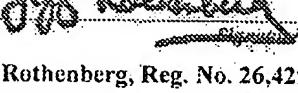


| | | | | | | |
|---|-------------|-------------|--|----------------|------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity) | | | | | | Docket No. 2642.025 |
| In Re Application Of: Gawer et al. | | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. | |
| 10/574,368 | 01/16/2007 | Andrew Rost | 23405 | 3753 | 5847 | |
| Invention: SLUICE SYSTEM FOR A VACUUM FACILITY | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>10/2/2009</u> in the above-identified application. <i>Date</i> | | | | | | |
| The requested extension is as follows (check time period desired): | | | | | | |
| <input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months | | | | | | |
| from: <u>January 2, 2010</u> <i>Date</i> | | | until: <u>April 2, 2010</u> <i>Date</i> | | | |
| The fee for the extension of time is <u>\$1,110</u> and is to be paid as follows: | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 08-1935 <input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 08-1935 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  Jeff Rothenberg, Reg. No. 26,429 Heslin Rothenberg Farley & Mesiti P.C. 5 Columbia Circle Albany, NY 12203 Tel: 518-452-5600 Fax: 518-452-5579 E-mail: jr@hrfmlaw.com | | | | | | Dated: Oct. 5, 2010 |
| | | | | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ <i>(Date)</i> |
| | | | | | | <i>Signature of Person Mailing Correspondence</i> |
| | | | | | | <i>Typed or Printed Name of Person Mailing Correspondence</i> |

**Jeff Rothenberg, Reg. No. 26,429
Heslin Rothenberg Farley & Mesiti P.C.
5 Columbia Circle
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Tel: 518-452-5600
Fax: 518-452-5579
E-mail: jr@hrfmlaw.com**

Dated: Oct. 5, 2010

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

Adjustment date: 11/02/2018 CKHLOK
18/05/2010 IN/EFISW 000008129 001935 10574368
02 FC:1253 1110.00 CR
CC:

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--|-----------------------------------|-------------------------------------|-----------------------|
| 1 Date of Request: <u>10/29/10</u> | | 2 Serial/Patent # <u>10/574,368</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input type="checkbox"/> | Filing | | \$ |
| <input type="checkbox"/> | Amendment | | \$ |
| <input checked="" type="checkbox"/> | Extension of Time | PET.OP | 10/05/10 \$ 1,110.00 |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input type="checkbox"/> | Petition | | \$ |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ |
| <input type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | <u>\$ 1,110.00</u> |
| | | 8 TO BE REFUNDED BY: | |
| 10 REASON: | | Treasury Check | |
| <input type="checkbox"/> | Overpayment | X | Credit Deposit A/C #: |
| <input type="checkbox"/> | Duplicate Payment | 9 | 1 8 -- 1 9 3 5 |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | |
| Extension of time is unnecessary, no fee due. | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Diane Goodwyn</u> | | TITLE: <u>Paralegal</u> | |
| SIGNATURE: <u>/dgoodwyn/</u> | | PHONE: <u>571-272-6735</u> | |
| OFFICE: <u>Petitions</u> | | ***** | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | |
| APPROVED: <u>ChloK</u> | | DATE: <u>11/21/10</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B